U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

3. Name and address of person filling. A. Name, file number, and address of labor organization. Name Revin H Wear Labor Organization File Number 039-519. P.O. Box, Bidg., Room No., if any Street 18/2 Lee Dr. ve City La Place State LA Street JA ZIP Code + 4 70068 State LA ZIP Code + 4 70068 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or income. 7.a. Nature of Interest, Transaction, or income.	For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
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P.O. Box, Bldg., Room No., if any Street Street Str	Name Kevin H Wear	Name PACE LOCAL 4-447
Street 18/2 Lce Dr. L. City Washwego State LA. ZIP Code + 4 70068 State LA ZIP Code + 4 7009 5. Position in labor organization. Committeem an OPD Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		Labor Organization File Number 039-519
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The same of the sa	Trade Name, if any:	
7.b. Amount.	P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	Street	
City	City	
State ZIP Code + 4 ZIP Code + 4		
Signature	State ZIP Code + 4	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Sign	
	Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	Perjury and other applicable penalties of the law, that all of the information

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	c. Employer	
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	